In 1910, Paul Ehrlich (1854-1916), distributed to the heads of various syphilitic clinics about the world, samples of a synthetic arsenic preparation for the treatment of syphilis. Salvarsan was the result of "606" experiments to produce a drug which has the greatest poisonous action on the cause of syphilis and is, at the same time, almost harmless to the living tissue of the patient. Within a short time, the results of the use of the drug in every possible manifestation of syphilis proved that a specific had been found. Although Ehrlich's idea that one dose would sterilize the patient, ("therapia sterilisans magna"), has not been sustained, salvarsan is to-day our standby in the treatment of syphilis. Ehrlich did not stop with "606," but proceeded with his experiments until "914," or neosalvarsan, had been produced. Just prior to his death, Ehrlich produced a newer drug called "natrium salvarsan," which combined the good features of both "606" and "914."

In 1911, Noguchi, the Japanese wizard, succeeded in growing the *spriocheta pallida* on artificial media. Later, collaborating with Moore, he demonstrated the *S. pallida* in the brain tissue of paretics, definitely proving that this nervous affection is the direct result of syphilis.

(*To be continued*)

VALUE OF THE CLINICAL METHOD OF TEACHING IN NURSING SCHOOLS [1]

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In our training schools for nurses, more than in almost any other kind of school, do pupils have the opportunity of seeing theory and practice taught side by side; and in no better way can we correlate theoretical and practical teaching than on the wards of our hospitals. Yet in spite of this open field, we have often failed to make this correlation, and the student nurse whose idea in coming to the hospital is to learn to care for the sick, finds her chief interest in the wards, and pigeonholes much of her instruction in a part of her experience labeled "theory only," associating it with text-books, blackboards, microscopes and classrooms in some part of the day's program, disassociated with her chief business,—the care of the patient.

[1] Read at a meeting of the National League of Nursing Education, Chicago. June, 1919.

In our efforts to train nurses we have frequently been in despair over more than one pupil who shows a keen interest in her ward work, and who is obviously bored in class or lecture room.

The most simple solution to such a problem is to transport the pupil, whenever possible, to her ward where she acknowledges her interest, and substitute the patient for the textbook. Fifteen years ago the majority of training schools had all their practical teaching done on the wards, either by instructors or head nurses, or even by senior pupils, and the young nurse learned from the beginning to care for sick people by working with the patient. Such methods have their advantages as well as their disadvantages. The Chase doll, with its many relatives of rag and rubber, is a fairly recent asset to our teaching force, and came into existence when the necessity of larger classes and more carefully worked out technique came into existence. But in being driven from the ward to the classroom, we lost two things of great value to beginning students: the personal equation of the patient and the hospital atmosphere, which undoubtedly holds the interest of more students than does the atmosphere of the classroom.

Why then should we not bring some of our teaching back to the wards? It is impracticable to carry on the instruction of the probationers in this way. The preliminary period is spent for the most part in the classroom and this has proved the best way to handle large groups of untrained pupils, both from the view-point of the student and of the patient. But after the latter part of the first year of the course, there is a distinct advantage in taking the nurses to the wards for their routine instruction. Why teach them typhoid fever and pneumonia in the classroom alone, when an hour's visit in the medical wards, with a teacher who there has at his hand typhoids and pneumonia in different stages of the disease, will present a real picture that cannot be forgotten or confused with others? An hour's description of erysipelas will never make the impression that is made by one minute's look at the red, swollen face of the patient.

There are several points to be remembered in this clinical method of instruction. First of all, the group must be small enough to be able to gather around the patient to hear the instructions and observations of the teacher without his having to raise his voice and be heard throughout the ward. It will sometimes be advisable for the members of the class to feel of the tumor, or try to use the stethoscope, and then too large a group would be tiring for the patient. Fifteen students become a cumbersome group, and it is almost impossible to hold the attention of a much larger number with this informal method of teaching.

The interest for the instructor in this type of teaching depends very much upon his personal contact with both students and patients, and the larger the group the less can he learn to know the individual nurse and hold her interest.

The question arises as to whether the patient should hear the discussion of his own case. This matter must be left to the doctor conducting the clinic. Very often it is a perfectly wise thing to let the patient hear it all. He is the one most interested, and he often makes very helpful observations on his symptoms, such as we would never find in a textbook or hear from a third person. If not too sick, he generally enjoys the procedure of a clinic. If a patient is too ill, or if for any reason he should not hear too much concerning his disease or his own condition, discussion of the case should be held outside of the room, the bedside clinic being short and general, probably without the patient even being touched. The mere actual picture of the very sick person will help to fix in the mind of the young nurse the preceding or succeeding discussion of the disease.

Clinical instruction is one of the best ways of training a nurse's observation. Sometimes the doctor makes the observations for the class; again he may ask the members to make the observations after seeing the patient and perhaps talking with him. The making of diagnoses is without the province of a nurse, and yet the same drill that is used to train the observation of a medical student is not out of keeping in the training of a nurse. In our large hospitals our young nurses have so many superior officers immediately at hand to take responsibility—the senior nurse, the head nurse, and house doctors—that they often do not have the experience in observation that is forced upon the pupils of a smaller school, where there is no house doctor present, and where the head nurse in the ward has a much more varied scope of work and, therefore, less time to supervise the pupils than is true in a large hospital.

Here is our chance to develop this point. Perhaps the instructor has been teaching pneumonias: he may take the class into the ward and let them, by observing a number of patients without the aid of charts, determine which are the probable pneumonia cases. Nothing will make them more keen in observing symptoms, which is one of the nurse's chief duties as an aid to the physician. It may be that a new kind of case is to be studied. If the nurse has watched the patient, talked with him, observed his general appearance, noted his complaints and abnormalities, she has a much keener interest in the doctor's instruction in that kind of case. In large groups, however, it is very hard to allow the time for the nurses to make these preliminary observations.

Another point to be considered is the time of day to be chosen. In order that the clinic may not be distracting to either the patient or the ward routine, it should be held at the most quiet time of day, when visitors or doctors are not likely to be around. Certainly these classes should not be at meal hours. Experience has shown, however, that they make very little disturbance in the ward, particularly if the head nurse knows beforehand that patients are to be used in the clinic. She can then see that these patients are attended to and made comfortable, and that the duties of the nurses in the ward so planned that there is no interruption to their routine.

One almost essential element in this type of instruction is the follow-up quiz, to make sure that the points of instruction have been understood, and that the students may be conscious during the exercise that the work is of such importance it requires a checking up. This quiz would best be conducted by a nurse instructor who shall have attended the clinic. She will then have an opportunity to review with the nurses the nursing care of the cases that have been studied.

The question of instructor will vary in different types of institutions. In the large hospitals, that is, the teaching hospitals for medical students, it is not difficult to find some medical school instructor who can make time for clinical work with the nurses. In a small hospital, the staff members are expected to help with the instruction of nurses, and they generally feel interested to do so. It is not at all reasonable, however, in either case, to expect that such a course can be given without paying the doctor for it. If the classes are large and have to be divided into several groups, it would mean just that many sections a week to be given, and we can never plan on one section being the duplicate of the previous class, because the cases in the ward change from day to day, and the teaching material must, therefore, be arranged for each particular section. All this takes time in preparation.

The doctor goes to the ward early in the day, or possibly the afternoon before the class assembles, to look over the patients and decide which ones will be available and practicable for teaching purposes. He then leaves a note with the head nurse as to which cases he will use, in order that everything may be in readiness for him the next day. It is quite important that the same teacher should have the class throughout the year, in order that he may make sure that the important types of medical or surgical diseases shall be covered. By coöperating with the head nurse she can often call his attention to interesting cases that are admitted to the ward.

In some instances a doctor may not be available for these classes. Then this system of clinical instruction can be carried on by the

nurse instructor, although a doctor with his wider knowledge of medicine and surgery is preferable. There are some hospitals where a suitable doctor would not be available, and where the one nurse instructor has far too much to do to take this added work. In such instances the head nurse is always available and will generally be interested if she is given enough assistance in the ward to spend the time in teaching on her own ward.

If in the larger schools the classes have to be divided into three or even four sections, it is quite an item for the instructor who must accompany the classes and conduct the corresponding quizzes. One of the problems that has arisen with the development of our preliminary course in training schools is that the teaching of nursing procedures is limited to the probationary period, and very often there are no further classes during the whole course in nursing technique. The clinical method of instruction, therefore, gives one of the best opportunities possible for a review. If this increases the instructor's schedule unreasonably, the situation presents a very good opportunity for the use of a senior pupil as an assistant; for no matter how interesting a clinic may be (and it is one of the most interesting forms of class work for a nurse), an instructor is bound to be more or less bored by having to watch the same group several times a week, particularly if she has one set of students in surgical clinics, and another in medical clinics.

Methods of instruction in nursing education are much under discussion to-day and we have all manner of critics, from the extremist, who claims that our teaching is growing too theoretical and borders on the realm of medicine, to the radical who argue that we spend too large a proportion of time and energy in the routine practical instruction of nurses. Could not this clinical method of teaching help to answer these criticisms? It will keep a practical background for our theory, and emphasize the scientific aspect of the every-day work on the wards with the patients, unifying in the mind of the student nurse the various phases of her curriculum in a way that is hardly possible in any other field of education.

HOW TO OVERCOME INSOMNIA

By Ethel Webb
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Do not depend on drugs to produce sleep. The cause of insomnia is either physical or mental. Drugs assist nature but, in themselves, cannot cure. If there is a physical reason for sleeplessness, the best medical aid should be secured to remove the cause; but if mental, as